

MERRILLVILLE FIRE DEPARTMENT

24 West 73rd Avenue, Merrillville, Indiana 46410

Telephone: 219.769.0004

Fax: 219.769.1341

VOLUNTEER FIREFIGHTER APPLICATION

All Merrillville Volunteer Firefighter Applicants (PLEASE READ CAREFULLY)

The Merrillville Fire Department (hereinafter, "MFD") is interested in good citizens who are seeking to become a Volunteer Firefighter. From time to time the MFD will have openings for Volunteer Firefighters.

The data provided in this packet will be used to conduct the background investigation phase of the process. All applicants must give truthful answers to all questions. Any misrepresentation or omission of facts may disqualify the applicant from further consideration.

Due to the nature of being a Volunteer Firefighter, all applicants must meet certain requirements. The following contains a list of the minimum requirements for becoming a Volunteer Firefighter with the MFD.

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1. MINIMUM REQUIREMENTS FOR BECOMING A MFD VOLUNTEER FIREFIGHTER

- Applicants must be a high school graduate, as evidenced by a transcript issued by an accredited high school. An achievement test certificate from an accredited high school or State Board of Education is acceptable.
- Applicants shall possess a valid Indiana driver's license.
- Applicants shall have no more than six (6) active points on their current driving record.
- Applicants must be a US citizen.
- Applicants must be at least 18 years of age.
- Applicants must be drug-free and will be subjected to a drug test (i.e. a urinalysis).
- Applicants shall have no felony convictions.
- If accepted Applicants must establish and maintain residency within the MFD coverage area.
- All Applicants who are accepted must enroll in and complete the Indiana Firefighter Training System Mandatory Firefighter Class prior to answering fire calls.
- After successful completion of Mandatory Firefighter Test, the Applicant will be allowed to answer fire calls. The Applicant shall complete the Indiana Fire Training System Firefighter I/II within one year of acceptance.
- Applicants must pass a background investigation.
- Applicants must have or obtain a valid email address. This email address will be used for all correspondence between the MFD and the Applicant.
- Applicants must pass a physical including pulmonary function test and drug test.
- Applicants must pass a physical agility test.

If you meet these minimum standards and wish to apply, please fill out this application completely and truthfully and return it to the MFD HQ Office. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

2. APPLICATION INSTRUCTIONS

PRINT LEGIBLY OR TYPE ALL ANSWERS. Answer all questions completely and truthfully. If the question does not apply, state DOES NOT APPLY.

If you need additional space to respond to a question, continue your response with the proper identifying reference marks on a separate sheet of paper, which should be attached at the end of the application. For any such questions requiring additional space for your response state, "See attached continuation page(s)", at the end of your response to the question in the body of this application.

You will be required, during the investigative process, to divulge your use of alcohol and/or illegal drugs. Information secured by the MFD through testing and investigation will be held in strictest confidence, except for outstanding criminal and/or civil warrants or evidence of serious criminal activity.

Applicants are also required to have a valid email address. This email address will be used for all correspondence.

3. REQUIRED APPLICATION DOCUMENTS

Copies of the following documents must be submitted to officials of the MFD simultaneously with this completed Firefighter Application. Consequently, Applicants should immediately initiate steps to obtain copies of the documents listed below:

1. Birth Certificate (certified copy)
2. High School Diploma (or G.E.D. Certificate) and Transcript
3. College or University Degree and Transcript (if applicable)
4. DD214 (member 4 copy) and Citations (for those applicants with military service)
5. Valid Auto Insurance Card
6. Driver's License (front and back)
7. Social Security Card
8. Any Court Order requesting Name Change
9. All Training Certifications, IDHS Certifications or equivalent

4. MFD FIREFIGHTER APPLICANT'S ACKNOWLEDGMENT

This Volunteer Firefighter Application must be returned to the MFD. Applications will not be considered until complete in every respect. Any omission or misrepresentation of a material fact will disqualify an applicant. Applicants are asked not to inquire about the status of their application, as appropriate information will be provided when such information is available.

I, the Undersigned MFD Volunteer Firefighter Applicant, acknowledge that I have read, understand and agree to follow the above stated instructions. I understand and agree to be bound by the above stated requirements, terms and guidelines.

Signed and dated this _____ Day of _____, 20 ____ .

(Print Name) _____
MFD Firefighter Applicant

(Sign Name) _____
MFD Firefighter Applicant

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5. FIREFIGHTER APPLICANT'S CONTACT INFORMATION

NAME: _____

Last

Middle

First

Maiden

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Business: _____
Cellular: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____
Street or Route Number

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

POSITION HELD: _____

ADDITIONAL CONTACT INFORMATION: _____

EMAIL ADDRESS (MANDATORY): _____

6. IDENTIFYING DATA

ARE YOU A U.S. CITIZEN?: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: AGE: _____
MM/DD/YYYY

PLACE OF BIRTH: _____
City & State

Height (without shoes): feet _____ inches _____

Weight (without clothes): pounds

Eye Color:_____ **Hair Color:**_____

7. PERSONAL HISTORY

A. FAMILY DATA

List all family members (living or deceased) in the following order: parents, step-parents, brothers, sisters, spouse, children, and step-children. Use additional sheets of paper if necessary.

1. RELATIONSHIP: _____

NAME: _____
Last First

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cellular: _____

2. RELATIONSHIP: _____

NAME: _____
Last First

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cellular: _____

3. RELATIONSHIP: _____

NAME: _____
Last First

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cellular: _____

4. RELATIONSHIP: _____

NAME: _____
Last First

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cellular: _____

5. RELATIONSHIP: _____

NAME: _____
Last First

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cellular: _____

6. RELATIONSHIP: _____

NAME: _____
Last First

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cellular: _____

7. RELATIONSHIP: _____

NAME: _____
Last First

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cellular: _____

8. RELATIONSHIP: _____

NAME: _____
Last First

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cellular: _____

9. RELATIONSHIP: _____

NAME: _____
Last First

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cellular: _____

10. RELATIONSHIP: _____

NAME: _____

Last

First

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home: _____ Cellular: _____

B. FORMER ADDRESSES (last 10 years)

If apartment addresses are listed, provide the name and location of complex. If military addresses are listed, include towns or cities located in the immediate vicinity of the military base. Use additional sheets of paper if necessary.

1. DATES: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

2. DATES: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

3. DATES: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

4. DATES: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

5. DATES: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

6. DATES: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

C. EDUCATION (include copies of all transcripts and diplomas/certificates)

1. HIGH SCHOOL: _____

Date Graduated (MM/YYYY): _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

2. COLLEGE: _____

Major: _____ Years Completed: _____

Credit Hours: _____ Degree: _____

Date Graduated (MM/YYYY): _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

3. Other schools attended or training courses taken:

a. Name: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

b. Name: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

c. Name: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

d. Name: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

D. EMPLOYMENT

1. Record your employment history starting with your present employer. Use additional sheets of paper if necessary.

a. Present employment: Employer: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

Dates: _____ to _____ ; Position Held: _____

Salary: _____ ; Duties: _____

Telephone: _____ ; Supervisor: _____

b. Previous employment: Employer: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

Dates: _____ to _____ ; Position Held: _____

Salary: _____ ; Duties: _____

Telephone: _____ ; Supervisor: _____

Reason for leaving: _____

c. Previous employment: Employer: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

Dates: _____ to _____ ; Position Held: _____

Salary: _____ ; Duties: _____

Telephone: _____ ; Supervisor: _____

Reason for leaving: _____

d. Previous employment: Employer: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

Dates: _____ to _____ ; Position Held: _____

Salary: _____ ; Duties: _____

Telephone: _____ ; Supervisor: _____

Reason for leaving: _____

e. Previous employment: Employer: _____

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

Dates: _____ to _____ ; Position Held: _____

Salary: _____ ; Duties: _____

Telephone: _____ ; Supervisor: _____

Reason for leaving: _____

2. Have you ever been discharged from a position of employment? Yes: _____ No: _____
If yes, please explain fully on a separate sheet of paper.

3. Do you currently have an application pending with any other public safety agency?
Yes: _____ No: _____

If yes, answer the following:

a. Agency: _____ State: _____ Date: _____

b. Agency: _____ State: _____ Date: _____

c. Agency: _____ State: _____ Date: _____

d. Agency: _____ State: _____ Date: _____

E. MILITARY HISTORY AND STATUS

1. Military Organization: _____

Dates: _____ to _____ ; Rank/Grade: _____

Duties: _____

Reason for leaving: _____

2. Military Organization: _____

Dates: _____ to _____ ; Rank/Grade: _____

Duties: _____

Reason for leaving: _____

3. Military citations or other awards received: _____

4. Are you now a member of the organized Reserves or National Guard? Yes: _____ No: _____

If yes, provide the name and location to which you are assigned: _____

Rank/Grade: _____ Duties: _____

5. Were you ever disciplined (Court Martial, Article 15, Captain's Mast, etc.) while on active duty? Yes: _____ No: _____

If yes, please explain fully on a separate sheet of paper.

1. GENERAL CHARACTER REFERENCES: Volunteer Firefighter Applicants must provide a *minimum of three (3) character references* with the all of the information requested for each reference. Without this information it will be impossible to complete an Applicants' background check. Incomplete information may adversely affect an Applicant's chances to be accepted.

NAME: _____
Last First

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELLULAR: _____

e. CHARACTER REFERENCE:

NAME: _____
Last First

ADDRESS: _____
Street or Route Number, Apt. Number, etc.

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELLULAR: _____

G. MISCELLANEOUS

1. Do you rent or own your present home? Rent: _____ Own: _____

If you rent, list your landlord's name, address and phone: _____

2. Are you a proprietor or part owner of any business? Yes: _____ No: _____

If yes, describe the nature of the business: _____

3. Describe any special skills that you believe would benefit you as a Volunteer Firefighter and/or the

MFD: _____

5. List past/present memberships in clubs and/or organizations (Do not include organizations that indicate political affiliation): _____

6. Please list community service or volunteer work you have participated in during the last three years:

H. NEGATIVE PERSONAL HISTORY

1. Have you ever been convicted of a felony? Yes: _____ No: _____

Have You Ever Been Arrested for a Felony? Yes: _____ No: _____

If yes, explain: _____

2. Have you ever been convicted of a misdemeanor? Yes: _____ No: _____

Have you ever been arrested for a misdemeanor? Yes: _____ No: _____

If yes, explain: _____

3. Have you ever received a traffic ticket? Yes: _____ No: _____

If yes, explain (include date, location, charge, fine or sentence): _____

4. Has your drivers license ever been suspended/revoked? Yes: _____ No: _____

If yes, explain: _____

5. Have you ever committed or assisted another person in the crime of murder, kidnaping, rape, robbery, burglary, arson, theft or conversion? Yes: _____ No: _____

If yes, explain: _____

6. Have you ever purchased or sold anything you knew or suspected was stolen?

Yes: _____ No: _____ If yes, explain: _____

7. Have you ever possessed, purchased, sold or distributed any illegal drugs?

Yes: _____ No: _____

If yes, explain: _____

8. Have you ever used an illegal drug? Yes: _____ No: _____

If yes, explain (include drug used and when last used): _____

9. Have you ever abused a prescription drug? Yes: _____ No: _____

If yes, explain: _____

10. Have you ever been arrested for an alcohol-related violation? (i.e., public intoxication, operating while intoxicated, illegal possession or consumption of alcohol)

Yes: _____ No: _____

If yes, explain: _____

11. Have you ever been dismissed or asked to resign from a position of employment?

Yes: _____ No: _____

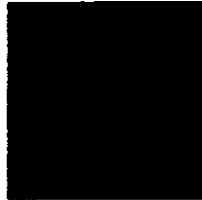
If yes, explain: _____

I. GENERAL INFORMATION

A. Why do you desire to become a Volunteer member of the MFD? Use a separate sheet of paper if necessary. _____

B. Attach a current (taken within past six (6) months) photograph below. Photograph is to be front view, head and shoulders, 2 ½ inches square (Similar to a U.S. Passport photo). The purpose of this photo is to assist in the background investigation.

Place Photo Here



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**AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS
TO THE MERRILLVILLE FIRE DEPARTMENT**

I am aware that the Merrillville Fire Department (hereinafter, "MFD") will conduct an investigation into my background and the information from that investigation will be used for the purpose of determining my qualification for volunteering with MFD. Consequently, I hereby grant permission to any duly authorized representative of MFD to obtain any information relating to my activities from governmental entities and organizations, individuals, schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies or retail business establishments. This information may include, but is not limited to my military records, academic records, residential records, achievement records, performance records, attendance records, personal history, disciplinary records, criminal history record, arrest record, conviction record, official driver's licence record, financial and credit information. I direct you to release such information upon request of the duly authorized representative of MFD regardless of any agreement that I may have made with you previously to the contrary. I have been advised that the original of this authorization will be placed on file with MFD. I agree that all background information received by MFD on me is confidential and I will not attempt to discover what was learned about me. I realize that people providing information to the MFD are doing so with a promise of confidentiality. I specifically waive any right to see such information. I acknowledge that MFD needs to obtain frank and honest opinions about my character and personality. I agree to the confidentiality of this information.

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: ____ / ____ / ____

Signed and dated this _____ Day of _____, 20 ____.

(Print Name)

MFD Firefighter Applicant

(Sign Name)

MFD Firefighter Applicant

NOTARY

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, the undersigned, a Notary Public in and for said County, this _____ day of _____, _____

, came _____

and acknowledged the execution of the foregoing .

Witness my hand and Notarial Seal this _____ day of _____, _____.

My Commission Expires:

_____ Day of _____, _____.

Resident of _____ County

NOTARY PUBLIC

Application/Appointment Process

STEP 1-COMplete APPLICATION

**All applications must be returned to the:
Merrillville Fire Department
24 West 73rd Avenue
Merrillville, Indiana 46410**

- No incomplete applications will be processed.
- Any application completed not following directions will be disqualified.

STEP 2- COMPLETE PHYSICAL AGILITY TEST

- All applicants must successfully pass the MFD Volunteer Firefighter Agility Test.(see attached).

STEP 3- COMPLETE INTERVIEW WITH FIRE CHIEF

- All applicants who successfully pass the agility test shall submit to an interview with the Fire Chief.

STEP 4- COMPLETE INTERVIEW WITH THE VOLUNTEER ADVISORY BOARD

- All applicants who are recommended by the Fire Chief shall submit to an interview with the MFD Volunteer Advisory Board.

STEP 5- TRAINING

- All appointed probationary firefighters shall enroll in the IDHS District 1 Training Academy for Mandatory and Firefighter I/II class. Once the probationary firefighter has passed the Mandatory portion of the class he/she shall be assigned a Station and be directed to the Captain of the Station for further instruction.
- Any probationary firefighter that holds the IDHS Firefighter I/II certification prior to appointment shall be assigned to a Station and directed to the Captain for orientation training. The Captain will make the recommendation to the Fire Chief as to if the probationary firefighter is ready to answer calls, or requires refresher training.

MERRILLVILLE FIRE DEPARTMENT
PHYSICAL AGILITY TEST FOR VOLUNTEER FIREFIGHTERS

NAME _____

DATE _____

All Applicants should read the following description of the Physical Agility Test prior to taking the Physical Agility Test.

The physical performance test you are about to take is based upon actual tasks required of all fire recruits during training and all Firefighters during normal firefighting duties. No previous training or skills are necessary to successfully complete this test.

You will be required to perform the following:

Aerial Ladder Climb

The candidate will be required to climb, while wearing a self-contained breathing apparatus with no face piece, an aerial ladder extended 75 feet (@70 degrees), touching the top rung of the ladder and proceeding back down the ladder to the platform, without hesitation. This test is designed to ascertain the absence of acrophobia (fear of heights). It also tests the applicant's balance and ability to climb ladders. Firefighters are required to perform firefighting and rescue work above ground levels.

PASS _____ FAIL _____ EVALUATOR _____

Hose Coupling Sequence

The candidate will connect and disconnect hose couplings from a simulated hydrant in a specified sequence. This exercise is designed to test the applicant's manual dexterity.

PASS _____ FAIL _____ EVALUATOR _____

Hose Loading and Stacking

The candidate will be able to load and unload four (4), 60 pound sections of rolled 2 ½" fire hose onto and off of the hosebed of a Engine. This exercise duplicates actual fireground situations required whenever loading or unloading hose on an apparatus or stacking at the stations.

PASS _____ FAIL _____ EVALUATOR _____

Ground Ladder Lift

The candidate will be required to remove a 24' extension ladder from the side of an engine and carry the ladder 25 feet and then place the ladder in an upright position on a building and then return the ladder to the engine. This exercise tests the dexterity and strength of the applicant when removing and replacing ladders on a fire apparatus.

PASS _____ FAIL _____ EVALUATOR _____

Dry Hose Lift

The candidate will be required to pull a 60 pound rolled section of hose connected to a rope, a

total of (3) three repetitions, to the top of a designated height. This test is designed to measure the candidates upper body strength and cardiovascular endurance.

PASS _____ FAIL _____ EVALUATOR _____

Dry Hose Drag

The candidate will be required to drag 150 feet of 1 ¾" hose with a nozzle connected to a total distance of 170 feet. This exercise is designed to measure the leg strength and cardiovascular endurance of the candidate.

PASS _____ FAIL _____ EVALUATOR _____

Charged Hose Drag

The candidate must be able to pull a charged (water filled) 2 ½" hose with nozzle attached (two 50 foot sections = 100 ft). This test is designed to test the candidates leg strength and power. This exercise duplicates actual fire ground conditions encountered at every fire where a hose line is laid.

PASS _____ FAIL _____ EVALUATOR _____

Breathing Apparatus Test

The candidate will complete a designed course while wearing a self contained breathing apparatus with the face piece of the mask taped to simulate a smoke filled environment. This exercise tests the candidate for claustrophobia (fear of being in a closed or narrow space). This simulates search and rescue operations associated with firefighting.

PASS _____ FAIL _____ EVALUATOR _____

If the candidate can not pass any of the tests then they will be disqualified and advised immediately.

The candidate will receive further test instructions as well as scoring procedures at each test station. If you have any questions please feel free to ask.

Note: (Wearing Apparel) Any athletic apparel will be acceptable. You will be required to perform some tasks while wearing a self-contained breathing apparatus and a facepiece. Gym shoes and knee pads are acceptable throughout the course of the test.